

## Fee Calculation Worksheet Testing Laboratories

		VLAP Lab Code be assigned by NVLAP)	
Add	dress		
City	State	Zip	
A s	eparate Fee Calculation Worksheet must be completed for e	ach field of testing.	
Fiel	d of Testing		
Ent	er fee amounts from the NVLAP Fee Schedule for the field o	testing selected.	
1.	Administrative/Technical Support Fee	Line 1	
2.	Initial Application Fee	Line 2	
3.	On-Site Assessment Fee	Line 3	
	(Note: Contact NVLAP for determination of the On-Site Assess Fee, if the fee is shown as "Variable" on the NVLAP Fee Sched		
4.	Proficiency Testing Fee	Line 4	
5.	TOTAL FEE FOR THIS FIELD OF TESTING (Add Lines 1 thro	ugh 4) Line 5	

Go to Page 2 for payment instructions.

	mit the TOTAL FEE shown of thod selected:	on Line 5 with the application package. Please check t	he payment	
	Check. Make check payable to: National Institute of Standards and Technology. Write "NVLAP" and your Lab Code (if assigned) on the check to ensure proper credit.			
	Purchase order. Attach a copy of purchase order to Fee Calculation Worksheet. The NIST Billing and Collections Department will invoice your laboratory for the total fee amount.			
	Charge card. Complete the	e Authorization to Charge Credit Card below.		
Se	nd application and fees to:	NVLAP/Accounts National Institute of Standards and Technology Building 101, Room A800 100 Bureau Drive, Stop 1624 Gaithersburg, MD 20899-1624		

Authorization to Charge Credit Card					
Please charge this amount \$ to	o the following Credit Card:				
You must check ONE card type below:					
□ Mastercard □ Visa	□ Discover □ American Express				
Credit Card Account Number:	Expiration:				
Name of Card Holder:					
Signature of Card Holder:	Date:				
Office Phone: ( )	Home Phone: ( )				
E-mail:	Fax Number: ( )				
Please be sure that the addition of this amount will not extend your charge card balance beyond your current credit card limit.					